



Life Insurance Absolute Assignment

INSTRUCTIONS:

Use this form to name a new Absolute Assignee (Owner). An Absolute Assignee is entitled to exercise all ownership rights and receive the death benefit. Do not use this form for Annuities. Complete this form in its entirety to avoid any delays in processing. If you need assistance in completing this form, please call your representative, sales office, or the appropriate number listed under How to Submit this Form.



befcd66e9-0aed-40f7-
b0b1-1d0e5e5aff67

The Company indicated in this section is referred to as **"the Company."**

☐ New England Life Insurance Company ☐ Brighthouse Life Insurance Company of NY

☒ Brighthouse Life Insurance Company

Policy Number(s): (1) 7447253 (2) (3) (4)

SECTION I - About the Insured

First Name Middle Name Last Name
John P Utsick

Permanent Address City State Zip
c/o Akerman, LLP 201 East Las Olas Blvd., Ste. 1800 Fort Lauderdale FL 33301

Social Security Number Phone Number Date of Birth
Akerman, LLP, receiver phone 954-463-2700

SECTION II - About the Assignment Complete either Assignment Type A, B or C

Optional Information: This Assignment is being made ☐ as a gift ☐ for value received

Note - If the policy is transferred for value, a portion of the death proceeds may be subject to income taxes.

☐ TYPE A: Assignment to One or More Individuals

First Name	Middle Name	Last Name	Relationship to Insured	Social Security No.	Date of Birth	% if Not Equal*
<div>Permanent Address City State Zip Country of Citizenship Phone Number</div>						
<div>First Name Middle Name Last Name Relationship to Insured Social Security No. Date of Birth % if Not Equal*</div>						
<div>Permanent Address City State Zip Country of Citizenship Phone Number</div>						
<div>First Name Middle Name Last Name Relationship to Insured Social Security No. Date of Birth % if Not Equal*</div>						
<div>Permanent Address City State Zip Country of Citizenship Phone Number</div>						

*Total must equal 100%

Owner Initial Here Date 5/11/2021

Page 1 of 4

LA-ABSOLUTEASGN-B (05/18)

Fs-B

BRIGHTHOUSE-SPIN CAPITAL 000380

If a Single Assignee is Named: at the death of the Assignee, the Assignee's estate becomes both Owner and Beneficiary unless subsequent forms are completed.

If Joint Assignees Are Named:

1. The Assignees will share all ownership and beneficial rights under the policy(ies) equally, unless otherwise stated above.

2. If an Assignee predeceases the Insured (Check only one box)

☐ a. that Assignee's ownership and beneficial share will be divided among the remaining surviving Assignees, with all to the survivor or to the estate of the last survivor.

☐ b. that Assignee's ownership and beneficial share will pass to the executors or administrators of his/her estate.

If neither box above is checked, or if both boxes above are checked, the share of a deceased Assignee will pass to his/her estate.

Optional Designation of Custodian for Minor Assignee. Note: Minor must be sole Assignee.

Custodian under the Uniform Transfers to Minors Act/Uniform Gifts to Minors Act (UTMA/UGMA) Acting on Behalf of the Minor Assignee.

Name of Custodian _____ Name of Minor _____ State UTMA/UGMA
 _____ as Custodian for _____ under the _____
 Permanent Address of Custodian _____ City _____ State Zip _____

 Social Security Number _____ Phone Number _____

☒ **TYPE B: Assignment to a Business or Charity**

Name of Entity _____ Type of Entity _____ Tax ID Number _____
 LifeFactor II, LLC (Corp., Partnership, etc.) limited liability company
 Permanent Address _____ City _____ State _____ Zip _____ Phone Number _____
 6009 Welch Avenue Fort Worth TX 76133 628-238-4700

☐ **TYPE C: Assignment to a Living (Inter Vivos) Trust** – Completed Trust Certification Form also required.

Name of Trust _____ Date of Trust _____ State Where Trust was Created
 Permanent Address of Trust _____ City _____ State Zip _____ Phone Number _____
 Grantor of the Trust - First Name Middle Last Trust Tax ID Number _____
 Names of all Currently Serving Trustees
 Contact Trustee - First Name Middle Last Social Security Number _____
 Permanent Address _____ City _____ State Zip _____ Phone Number _____
 Additional Trustee(s) - First Name Middle Last Phone Number Social Security Number _____

If Multiple Trustees are named, for any action ☐ all named Trustees must sign OR ☐ any one Trustee can sign.

► Owner Initial Here _____ Date 5/11/2021

Page 2 of 4

LA-ABSOLUTEASGN-B (05/18)

Fs-B

BRIGHTHOUSE-SPIN CAPITAL 000381

SECTION III - General Provisions

- This Absolute Assignment is subject to any policy loan or prior Collateral Assignment affecting the policy(ies).
- Trust Beneficiaries:
 - The Company reserves the right to require written evidence satisfactory to it that the Trust is in effect and evidence of the identity of the Trustee(s) who are qualified to act on behalf of the Trust with respect to a policy transaction. The Company shall be fully protected in acting in reliance upon such evidence.
 - The Company's responsibility for the payment of proceeds ends with the payment to the Trustee(s); it has no responsibility regarding any subsequent distribution.
- The Company is requested to waive any policy provision requiring the endorsement of the policy.
- The Company is authorized to consider a fax or a photocopy of this signed form as valid as the original signed form.
- The Company is authorized to make any clarifying additions or amendments to the Life Insurance Absolute Assignment.

Signatures – Current Owner(s)

All Owners are required to sign this form. Any Irrevocable Beneficiary must also sign this form.

If any Owner resides in Massachusetts, that Owner's signature must be witnessed by a disinterested person over 18 who is not being named as an Assignee. In all other states, witnessing is recommended but not required.

The undersigned hereby revoke(s) any prior designation of Beneficiaries and Contingent Owners and any Settlement Option/ Optional Income Plan election, and absolutely assign(s) all ownership and beneficial rights to the Assignee(s).

By signing below, I certify that I have read and agree to the contents of this form.

Individually Owned Please sign as shown below:

Each Individual Owner Should sign and provide all additional requested information. Space is provided for up to two Individual Owners. Any additional Individual Owners should sign and provide all requested information in the blank space at the bottom of this page.

A party signing on behalf of an Owner The full name of both the Owner and the Owner's fiduciary or agent should be shown. When submitting these forms, include legal documentation of the authority to act (e.g., power of attorney, guardianship papers, etc.).

Signature	Print Name - First	Middle	Last
_____	_____	_____	_____
Signed at City	State	Date	
_____	<input type="text"/>	_____	
Witness Signature	Print Name - First	Middle	Last
_____	_____	_____	_____

Signature	Print Name - First	Middle	Last
_____	_____	_____	_____
Signed at City	State	Date	
_____	<input type="text"/>	_____	
Witness Signature	Print Name - First	Middle	Last
_____	_____	_____	_____

► Owner Initial Here *Y* Date 5/11/2021

Page 3 of 4

LA-ABSOLUTEASGN-B (05/18)

Fs-B

BRIGHTHOUSE-SPIN CAPITAL 000382

Corporate, Partnership or Trust Owned

Please sign as shown below:

Trust Owned	Signatures, followed by the word "Trustee", of all required Trustees.
Corporate Owned	Signature and title of one authorized officer (other than the Insured).
Partnership Owned	Signature and title of one authorized partner (other than the Insured).
Limited Liability Company	Signature and title of one authorized individual (other than the Insured).
Sole Proprietorship Owned	Signature of Owner, followed by the title "Sole Owner".

Name of Corporation, Partnership or Trust Worldwide Entertainment, Inc., Michael I. Goldberg, Receiver	If Trust, date of Trust
---	-------------------------

Signature [Signature]	Title Receiver	Date 5/11/2021
Print Name - First Michael	Middle I.	Last Goldberg
Signed at City		State [Dropdown]
Witness to Signature [Signature]	Print Name - First Albandra	Middle Last Edell
Date 5/11/21		
Signature [Signature]	Title	Date
Print Name - First	Middle	Last
Signed at City		State [Dropdown]
Witness to Signature	Print Name - First	Middle
Last		Date

RESERVED FOR ADMINISTRATIVE OFFICE CLARIFICATION

SECTION IV - Certification - New Owner(s)

Under the penalties of perjury I certify:

1. The number shown on this form is my correct taxpayer identification number, and;
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and;
(If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial this item.)
3. I am a U.S. citizen or other U.S. person, and;
4. I am not subject to FATCA reporting because I am a U.S. person and the account is located within the United States.
(If you are not a U.S. Citizen or other U.S. person for tax purposes, please cross out the last two certifications and complete appropriate IRS documentation, e.g. IRS Form W-8BEN for individuals, which can be found on the IRS website).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature [Signature]	Print Full Name LifeFactor II, LLC	Date 05/06/2021	Tax ID or Social Security No. [Redacted]
Signature Stefan Leer, Managing Member	Print Full Name	Date	Tax ID or Social Security No.
Signature	Print Full Name	Date	Tax ID or Social Security No.

Owner Initial Here [Signature] Date 5/11/2021

Page 4 of 4

LA-ABSOLUTEASGN-B (05/18)

Fs-B

BRIGHTHOUSE-SPIN CAPITAL 000383